

Jan: 6 1829

No 25 Ch.

38 Sansom St

An
Inaugural Essay

On
Gastritis Paperd March 4. 1829

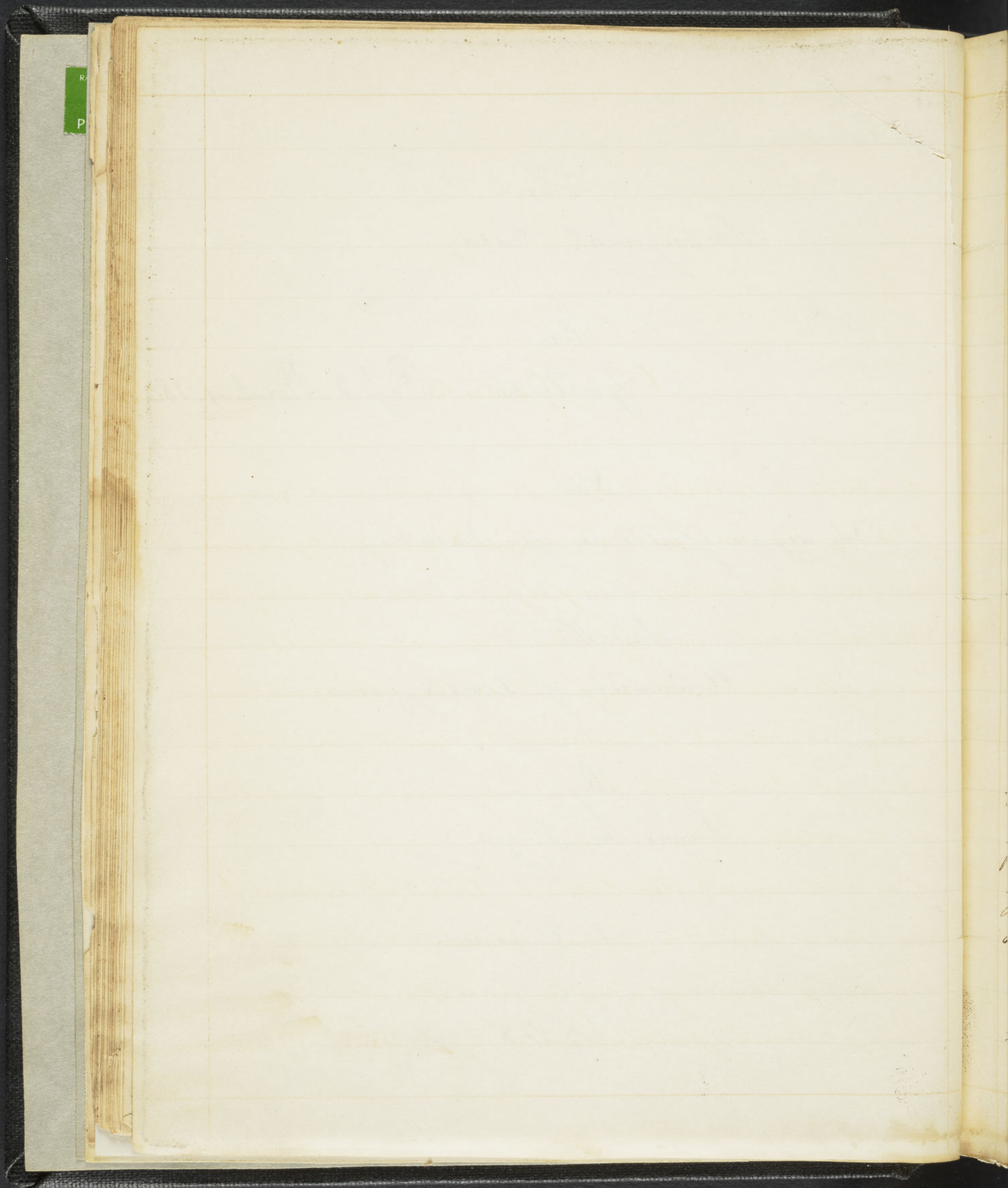
For
The degree of Doctor of Medicine

In the
University of Pennsylvania

By
James M. Inge

of Virginia

1828



On Gastritis

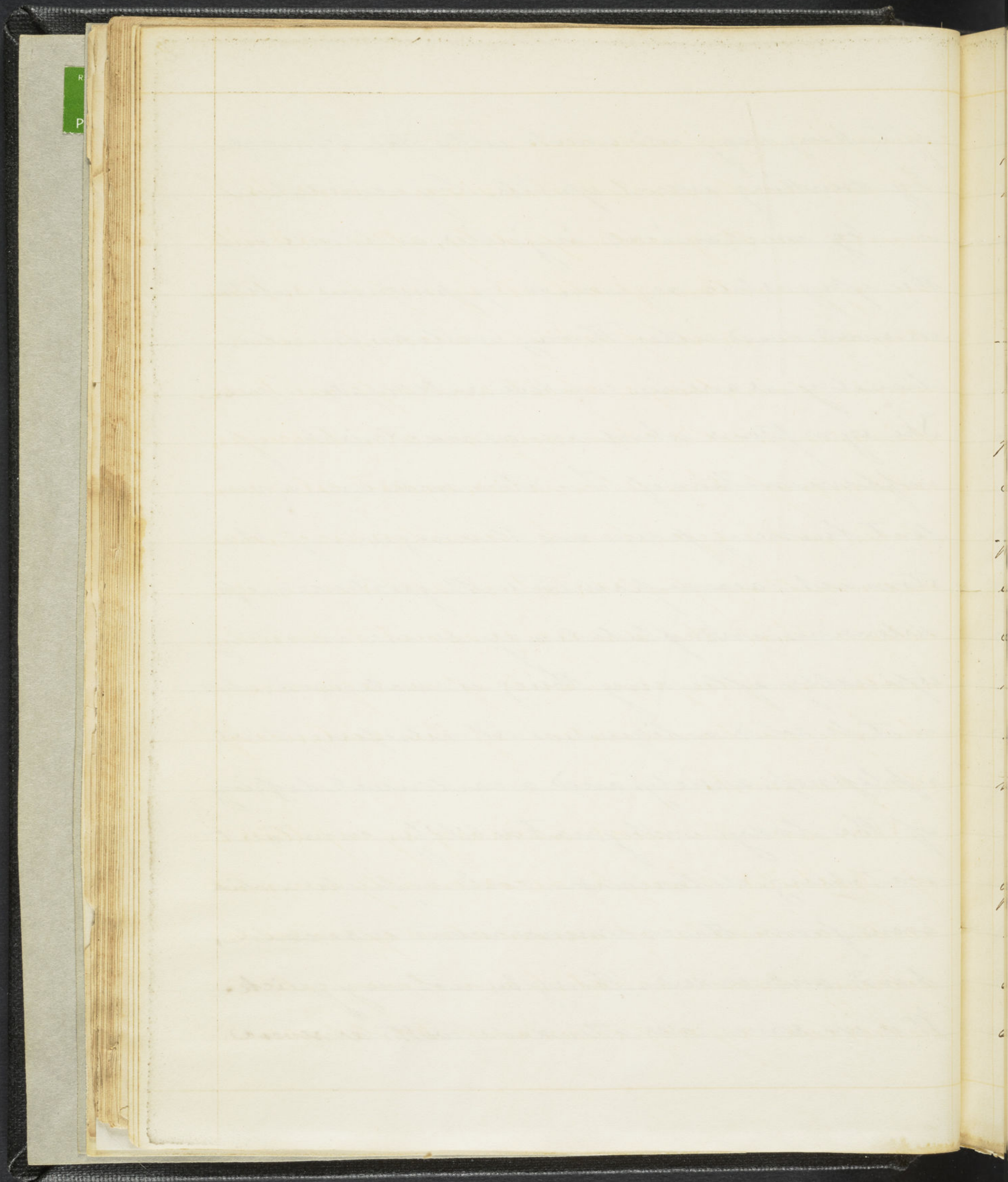
Gastritis is derived from the greek word γαστήρ.
It is by the best authors divided into phlegmonous,
and erythematic, or erysipelatous, according to
the different coats of the stomach which may
be affected; though it is the phlegmonous
only of which I intend to treat in this
essay, it being the true inflammation
of the stomach.

Gastritis, or at least that kind of which I
am now treating, may be excited by all the
ordinary causes of inflammation in general,
though more particularly, by exposure to cold.

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by taking very cold drink into the stomach,
by drinking ardent spirits, by acids taken
in, by mechanical injuries, as blows on
the epigastric region, or by poisonous substan-
ces swallowed either through mistake or inten-
tionally, as arsenic, corrosive sublimate, or opium.

The symptoms which are characteristic of
inflammation of the stomach are, a vio-
lent burning pain in the region of the
stomach, accompanied with great soreness,
distension, and flatulency, severe vomiting,
especially after any thing is swallowed, wheth-
er it be solid or liquid, most distressing thirst,
repleteness, anxiety, and a continual tossing
of the body; with great debility, constant
watching, delirium, and a pulse, which
even from the commencement is small,
hard, and corded, though not very quick.
It is in some cases attended with a severe



purging or diarrhoea.

If not timely arrested this disease runs its course with great rapidity, attended with an aggravation of all its symptoms, particularly those of debility, accompanied with faintings, short and difficult respiration, cold clammy sweats, hiccups, coldness of the extremities, moist cold surface, wild eye, lank countenance, an intermitting pulse; which are sure indications that the disease is about to terminate in gangrene, and of consequence the speedy termination of the existence of the patient.

These are the most ordinary symptoms of Gastritis. though occasionally we meet with a variety of anomalous affections arising from what have been called delusive symptoms, and Dr Chapman



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in his lectures remarks, that he has seen cases of gastritis, without any evident or marked symptoms, and that dissection alone has revealed the seat of the disease.

Tome or phlegmonous gastritis, may be readily distinguished from any other disease by the burning pain, heat, and tension in the region of the stomach; by the aggravation of the pain when any thing is swallowed, which will be almost immediately rejected, and by the sudden and greater depression of strength in this, than in any other inflammation.

Indeed enteritis is the only disease with which it could be confounded, but from which it may very readily be distinguished by the seat of the pain or pressure with the hand, together with the

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more frequent and severe vomiting which attends gastritis.

We may calculate on a favourable termination of gastritis when all the preceding symptoms are mild, and the proper remedies have been applied in time.

The unfavourable prognostics are, great prostration of strength, low delirium, wild eye, lank countenance, feeble and almost imperceptible pulse, hiccup, with occasional vomiting of dark matter. These with an aggravation of the whole of the symptoms, are the precursors of gangrene, and a sure indication of the fatal termination of the disease.

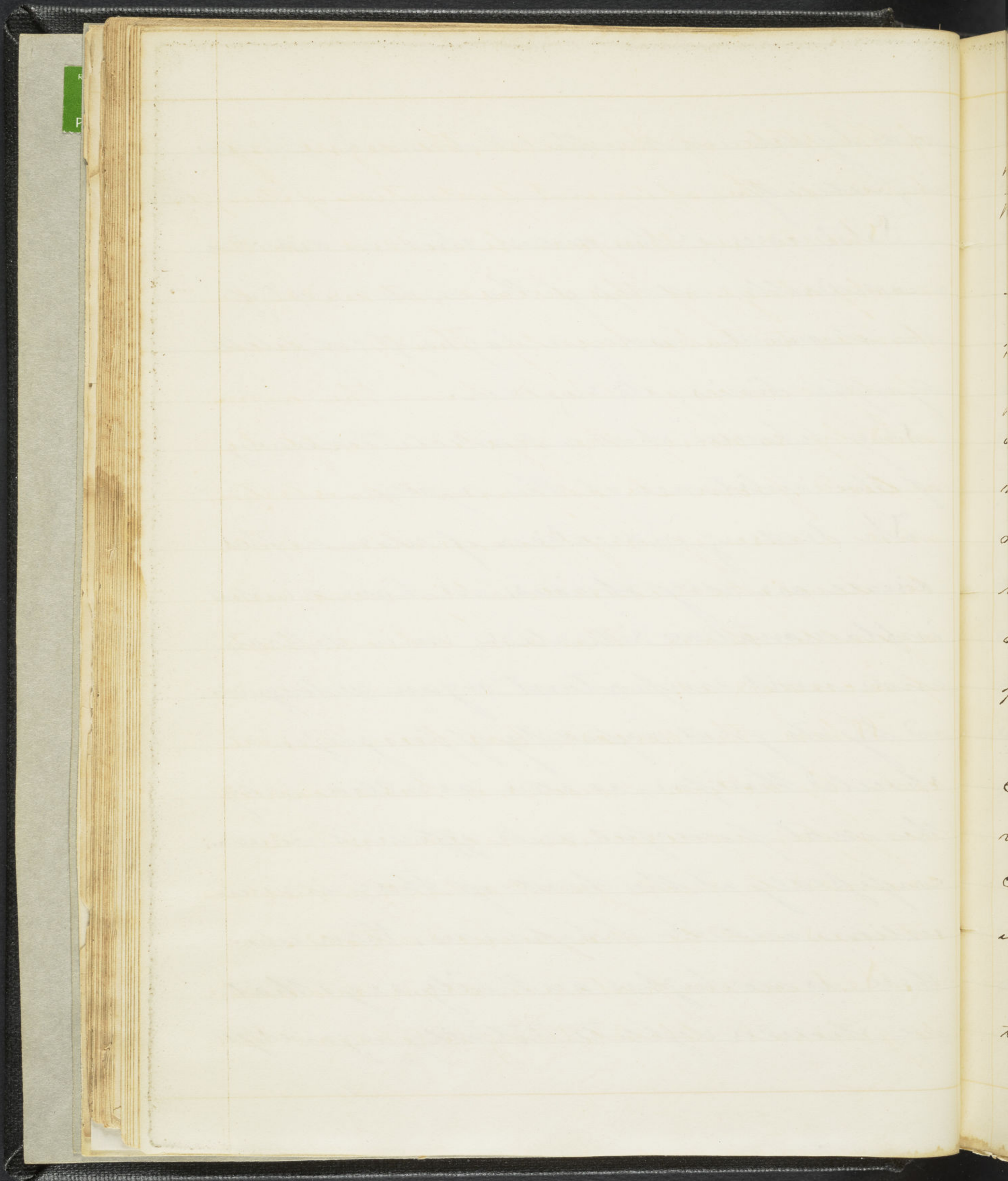
When it terminates in gangrene, it may be known by the sudden cessation of pain, by the pulse continuing its frequency, but becoming weaker.

and by delirium, with other marks of increasing debility.

Fatal cases of this disease show on dissection, a considerable redness of the inner coat of the stomach, having a layer of coagulable lymph lining its surface.

They likewise show a partial thickening of the substance of the organ.

The leading indications of cure in this disease are very obvious; we have a violent inflammation situated in a delicate and most important organ, distinguished by its great rapidity of progress; we should therefore as soon as called apply the most powerful and efficient remedies; confessedly at the head of these is venesection, and Dr Chapman, than whom there is no higher authority, says that we should deplete totally regardless

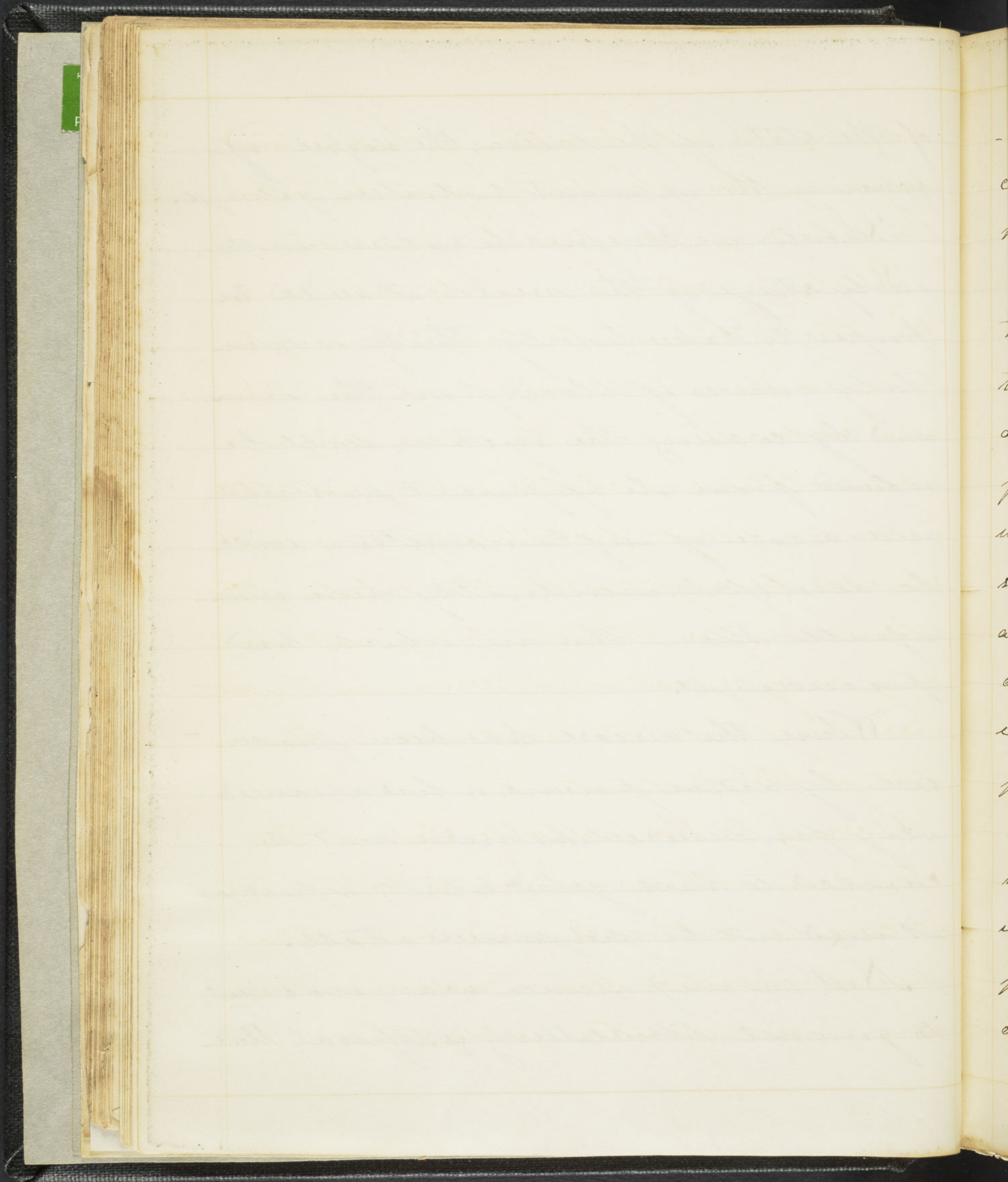


of the state of the pulse, the degree of fever or the apparent prostration of strength.

Should we therefore be called in the early stage of this disease, it will be proper to take twenty, thirty, or even forty ounces of blood from the arm, and by so doing the system will be relieved from its apparent prostration, and a case of inflammation will be developed, considerably more manageable than the one which had preceded it.

When the disease has been produced by active poisons, or has advanced very far, venesection need not be carried to such great extent, or perhaps it need not be performed at all.

Next in importance as an evacuant, to general bloodletting is topical bleed-



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-ing by the application of leeches and cupping; They should be applied over the whole of the epigastric region.

Blistering should next be resorted to, the blister should be large enough to cover the whole region of the stomach; and cooperating in the same design fomentations of cloths wrung out of hot water, or a large poultice of corn mush should be applied to the whole of the abdomen, for should they not make any very great impression on the disease they will at least add to the comfort of the patient.

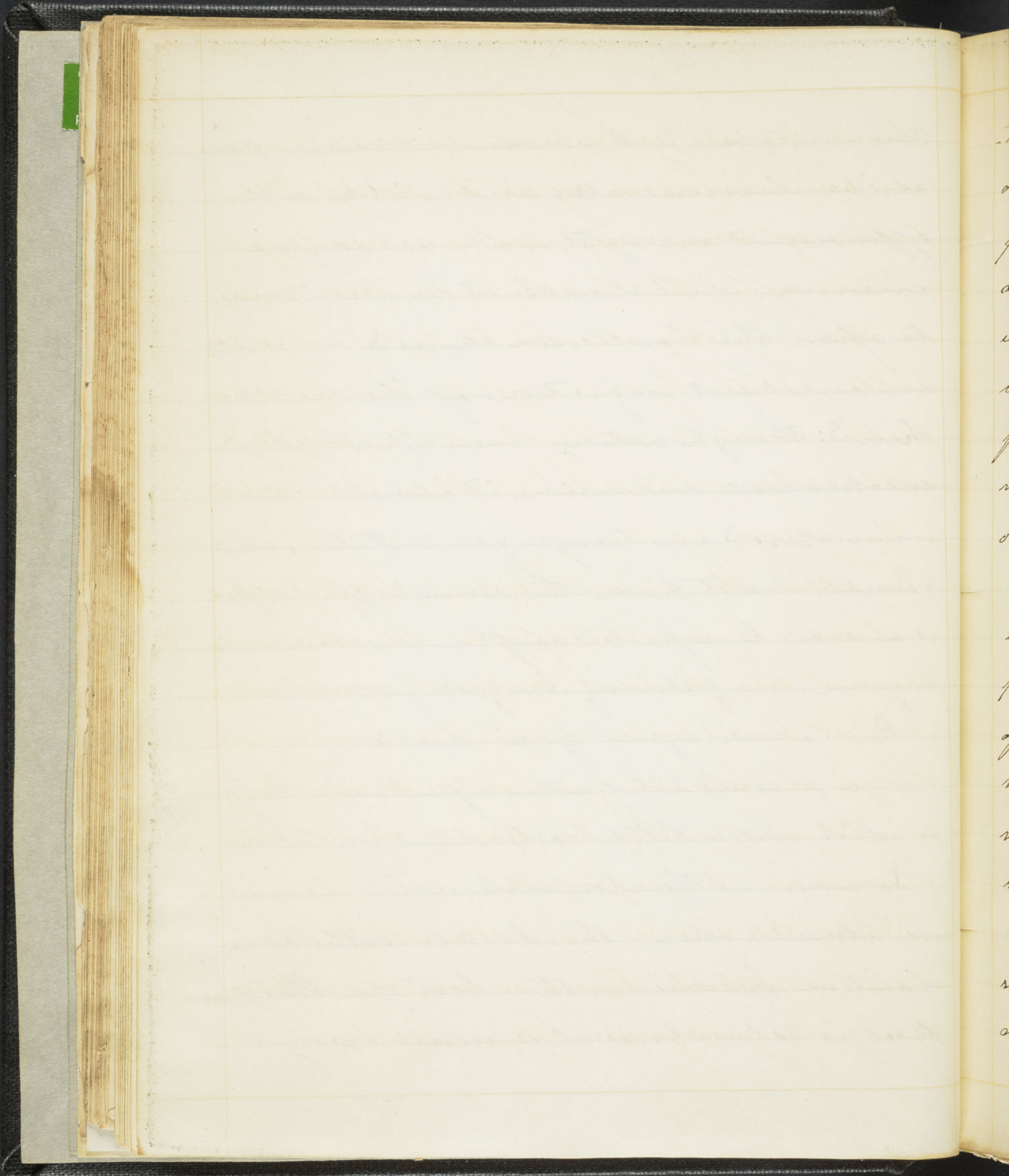
Owing to the irritable state of the stomach, nothing which is taken into it can be retained, and we are therefore prevented from administering any remedies internally; to allay



this inevitability however we should prescribe lime-water and milk, or the effervescent draught, or an arrowy ne enema; but should it be necessary to open the bowels, we should prescribe an emolient injection of the milder kind: Though acting principally by its mechanical distension, it should be administered in large quantities, and should it not have the desired effect at first, it should be repeated as often as occasion may require. The following is a good formula.

Rf Mucilage of Gum Arabic
or flaxseed tea of either a pint and a half
to which add a little castor oil or molasses.

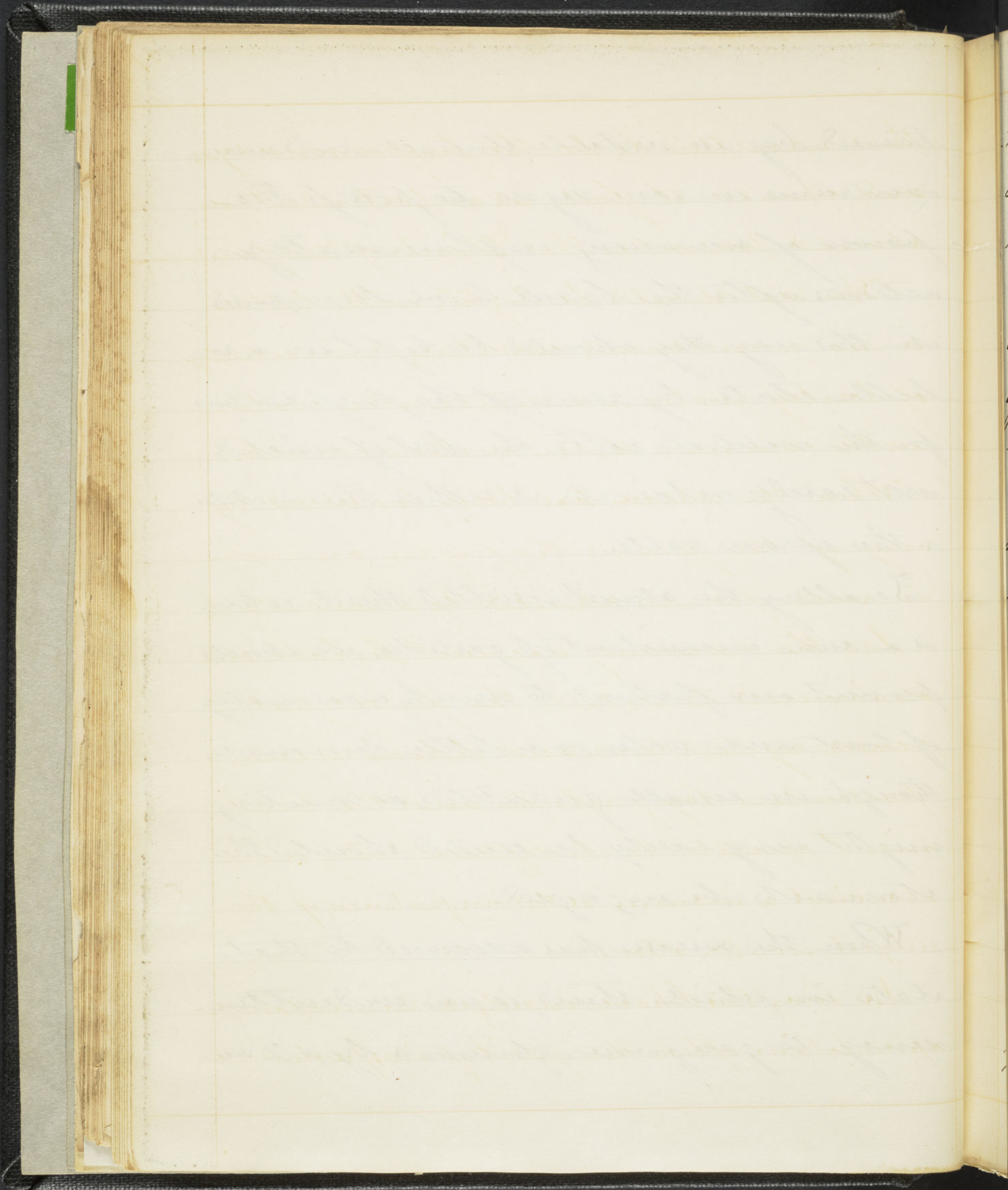
So soon as the stomach will bear it we should open the bowels with some laxative medicine, the best for this purpose is calomel, as it is more easily re-



retained by an irritable stomach, and moreover seems in some degree to possess the power of overcoming inflammatory action; after the bowels have been opened in this way, they should be kept in a soluble state by some of the preparations for the neutral salts, the best of which & most easily retained is either the Rochelle or the Epsom salts.

To allay the almost resistless thirst, which is a sure concomitant of gastritis, we should permit our patient to drink occasionally of toast and water or a little lemonade though in small quantities, as vomiting might very easily be excited should the stomach be engorged.

When the disease has advanced to that state in which there is an evident tendency to gangrene, opium & by all au-



thor's admitted to be the proper remedy, and should it fail, as a last resort we should prescribe the Spirits of Turpentine.

The diet should be light, with little or no nourishment, consisting principally of barley water or a little rice water, with cream or tartar water as drink.

When the disease has been produced by any of the poisons the proper antidote to such poisons should be administered.

In the preceding account I have endeavoured to detail the principal causes, symptoms, and phenomena presented by gastritis and the treatment suited to its different stages in as succinct a manner as the importance of the subject would allow.

In doing this I have indulged in no fanciful speculations, often the fruit of inexperienced

vanity, resulting in absurdities, and idle hypotheses; but I have confined myself to a plain treatise on the subject, preferring this to a useless display of words.

It is, however, to be regretted that after all our best directed endeavours have been exerted for the cure of gastritis, we have to acknowledge the melancholy fact, of its oftentimes proving incurable, thus furnishing other evidence of the mortality occasioned by the violence of disease, and demonstrating the strong claims it has upon the careful attention of medical men.

